



COUNTY OF LOS ANGELES

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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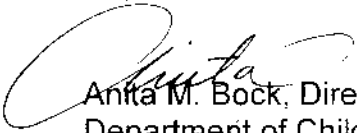
ANITA M. BOCK
Director

December 3, 2001

BOARD OF SUPERVISORS:

GLORIA MOLINA
YVONNE BRATHWAITE BURKE
ZEV YAROSLAVSKY
DON KNABE
MICHAEL D. ANTONOVICH

To: Supervisor Michael D. Antonovich, Mayor
Supervisor Gloria Molina
Supervisor Yvonne Brathwaite Burke
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

From:  Anita M. Bock, Director
Department of Children and Family Services

 Martin J. Southard, D.S.W., Director
Department of Mental Health

OCTOBER 2, 2001 MOTION: TRANSITION AGE YOUTH WORK GROUP

On October 2, 2001, in response to a motion by Supervisor Gloria Molina amended by Supervisor Zev Yaroslavsky, the Board ordered the Department of Children and Family Services (DCFS) and the Department of Mental Health to review the **MacLaren Children's Center Transitional Age Youth Work Group Report** (Work Group Report) and report back on the feasibility of implementing recommendations contained therein.

The Work Group was convened in the fall of 2000 by the Association of Community Mental Health Agencies (ACMHA). It included community provider representatives and MacLaren Children's Center (MCC) staff and was tasked with the following:

- assessing the transitional age population at MCC,
- identifying appropriate placement alternatives for transition age youth at MCC and
- making recommendations for resource development to serve this specialized population.

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Staff from our respective Departments have reviewed the Report and found the recommendations to be thoughtful, comprehensive and very much in line with the Consortium's direction concerning this important population of young adults. We have attached a response to each recommendation and included actions taken and/or planned in support of implementation. For reference, we have also attached a copy of the **Operational Agreement for MacLaren Children's Center and Community-Based Long Term Intensive Care System** (MCC Operational Agreement) approved by your Board on August 17, 2001 as it addresses several of the recommendations and is referenced in our response. We have also included a copy of the Work Group's original Report.

While many of the Work Group Report recommendations deal with on-site MCC services, our broader goal continues to be the strengthening of the continuum of community resources and services to this population such that the likelihood of any young adult requiring a stay of any length at MCC is reduced if not eliminated. Through the efforts of staff in our respective Departments, with the support of the Chief Administrative Office, the Interim MCC Administrator, our Consortium partners and the provider community, we've witnessed a reduction in the number of transition age youth at MCC over the last several months and are excited about recent progress. Specifically, the recent hiring of the MCC Resource Development Administrator will improve coordination and effectiveness of our resource development efforts for this population. We're also planning to establish a new Bureau within DMH which will specifically focus on improving services children, youth and young adults in foster care with mental health needs.

We are confident that we can meet remaining challenges as we continue to work together with our provider community to serve this important population of young adults.

Please feel free to contact either of us should you or your staff have any questions.

AMB:MM:mm

Attachments

c: Chief Administrative Officer
Executive Officer, Board of Supervisors
County Counsel

ATTACHMENT I

DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS) AND DEPARTMENT OF MENTAL HEALTH (DMH) RESPONSE TO:

RECOMMENDATIONS OF THE MACLAREN CHILDREN'S CENTER TRANSITION AGE YOUTH WORK GROUP FINAL REPORT OF OCTOBER 2000

Purpose

This responds to Recommendations in **the MacLaren Children's Center Transition Age Work Group Final Report** (October 2000) and provides a status report on actions either taken or planned to improve transitional services to this important population of young adults.

Recommendation. No. 1:

"The Work Group had questions about the appropriateness of the settings to which several of the individuals had been released during the project period. In light of this, it is recommended that MCC and/or DCFS do follow-up with all of the individuals (transition age youth) released during the project period at intervals of 3, 6 and 9 months, to monitor their status." (MCC Transition Age Youth Report, Page 4)

Response:

For each transition-age youth originally assessed by the Work Group, follow up review of their current status and history since release from MacLaren Children's Center (MCC) will be completed to the degree possible using existing data and information sources.

Additionally, monitoring and support for all children transitioning from MCC (including transition age youth) is in place. Assigned case managers at MCC follow up by phone and (as needed) in person for a period of sixty days following a child or youth's transition to a community placement to assess the appropriateness of the placement and the quality of care and services being provided. MCC case managers with specialized knowledge/expertise in serving transition age youth have been assigned to provide this service for this specific population. Feedback regarding each young adult's status is provided to the case carrying Children's Social Worker (CSW)

In addition to the follow up provided by the MCC case managers, provisions for further follow up at three and six month intervals following a young adult's transition from MCC will be implemented. DCFS Regional Placement Resource Teams established in each DCFS office serve as a support to case carrying social workers in developing transition plans for children and youth currently at MCC. Each DCFS Regional Placement Resource Team will implement

provisions to monitor and follow up at three and six month intervals following each transitional age youth's release from the facility. Monitoring will be through review of information forwarded to the Team by the youth's case carrying social worker and/or Independent Living Program Coordinator and will focus on the appropriateness of the placement for the youth and on the services being provided. More frequent and/or ongoing monitoring beyond the six month time frame will occur as dictated by the circumstances of the particular case.

Actions Taken

- ◆ Secured completed clinical profiles from original Work Group study, designated staff in DCFS Emancipation Services Division to complete follow up review in conjunction with case carrying Children's Social Worker.
- ◆ Implemented follow up and monitoring for all children (including transitional age youth) by MCC assigned case manager for period of sixty days following community transition.
- ◆ Designated case managers with expertise in the area of transitional age youth issues (needs and available resources) to serve as case managers for this population while at MCC, to support development of appropriate discharge plans and to provide follow up monitoring and support .

◆

Actions Planned

- ◆ Complete review/follow up assessment of youth originally reviewed by Work Group to assess current status and progress since release. Report findings to case carrying CSW and the "Transition Youth Committee" established and referenced in a discussion of Recommendation No. 2. (Target Date: January 31, 2002)
- ◆ Implement provisions for DCFS Regional Placement Resource Teams to follow up on all transition age youth released from MCC at 3 and 6 month intervals following placement from MCC. (Target Date: January 31, 2002)

Recommendation No. 2:

"There should be an ongoing monthly review of any transition age youth at MCC by a transition age youth committee of agency providers which serve this population to determine appropriate community placements are available. This committee should establish linkages with those Regional Centers serving the individuals being reviewed as appropriate. This committee should include a representative of MCC familiar with the Clinical Profiles to be reviewed." (MCC Transition Age Youth Report, Page 4)

Response:

This review process component has been implemented and will be enhanced to include the agency provider participation and to include additional individuals with specific knowledge of community resources available to this population.

Currently this group meets weekly and is convened by the Interim MCC Administrator. Its current membership includes: Mental Health Medical/Clinical Director, Residential Care Division Chief, Community Transitional Services/Wraparound Program Director and a representative from County Counsel. Staff from various disciplines at MCC, assigned MCC case managers, the MCC Independent Living Coordinator and a representative from DCFS Resource Utilization Management Unit participate as needed to review and/or develop transition plans for this population. Regional Centers have also assigned an on-site liaison for MCC who participates in this process as needed and works to insure prompt assessment of Regional Center eligibility and linkage with Regional Center services in the community. DCFS Resource Utilization Management staff insure information sharing with case carrying CSWs and Regional Placement Resource Teams in each DCFS office

Actions Taken

- ◆ Implemented weekly multi-disciplinary review/assessment of each transition age youth at MCC to assess community placement needs.
- ◆ Established Regional Center Liaison position at MCC to coordinate assessment and services with local Regional Centers.
- ◆ Implemented mechanism for direct referral to DCFS Transitional Housing Services Program and joint DCFS/DMH Transitional Housing Program for young adults with mental health needs.

Actions Planned

- ◆ Expand "Transition Age Youth Committee" to include representative providers of housing, residential and mental health services focused on young adults and representation from the DCFS Jobs Division to provide linkage to job and vocational training opportunities in the community. (Target Date: January 31, 2002)

Recommendation No. 3:

"The discharge planning process at MCC needs to continue to move in the direction of being more multi-disciplinary, and should include representation from Regional Centers having case management responsibility for the particular youth being discharged." (MCC Transition Age Youth Report, Page 4)

Response:

The transition/discharge planning process is significantly enhanced through implementation of the MCC Operational Agreement. Supported by recent increases in staffing for the MCC case management role and with participation of staff from all disciplines at MCC, a comprehensive, integrated and individualized plan for care is developed for each child. (MCC Operational Agreement, Page 7) As noted, case managers with special knowledge in the area of transitional youth services are assigned to this population and serve as a single point of

responsibility for insuring this plan is developed. The MCC Regional Center liaison provides linkage with the appropriate Regional Center services in the community. Case carrying CSWs participate in assessment conferences towards development of a plan of care and specific transition/discharge plans.

Actions Taken

- ◆ Implemented case manager role at MCC and implemented multi-disciplinary assessment and planning processes to develop plan of care and discharge planning recommendations.
- ◆ Secured services of on-site Regional Center representative to coordinate Regional Center assessment and linkage to community services.

Actions Planned (Reference Actions Taken and Planned pursuant to Recommendation No. 1)

- ◆ Conduct follow up assessment of transition age youth following release to assess appropriateness of placement and effectiveness of transition planning. (Ongoing)

Recommendation No. 4:

*"MCC should be required to do a pre-placement visit before every individual is placed."
(MCC Transition Age Youth Report, Page 5)*

Response

All children, youth and young adults at MCC must be prepared for a safe and successful transition to the community and provided with resources, services and support to live in an appropriate community and/or family setting. Comprehensive assessment and careful transition planning are key to achieving this goal and preventing a youth's re-entry into MCC. The multi-disciplinary assessment and transition planning process implemented in accordance with the MCC Operational Agreement is specifically focused on achievement of this goal and includes pre-placement visits whenever appropriate.

Actions Taken

- ◆ Implemented multi-disciplinary assessment, plan of care and transition plan development at MCC.

Actions Planned (Reference Actions Taken and Planned pursuant to Recommendation No. 1)

- ◆ Conduct follow up assessment of transition age youth following release to assess appropriateness of placement and effectiveness of transition planning. (Ongoing)

Recommendation No. 5:

"DCFS's policy/philosophy regarding least restrictive environment should be revisited in order to prevent the continual recycling of children from inappropriate low level settings to MCC and back. It is strongly believed that in many instances, sooner placement in a more structured, intensive setting for a limited, short-term stay would result in better long term outcomes. Selection of a group of specific children to follow through the system at chosen intervals should be a part of his review." (MCC Transition Age Youth Report, Page 5)

Response

Implied in this recommendation is the notion that, in the interest of placing children in the "least restrictive environment" children/youth with complex needs are placed in less intensive settings where caregivers and providers are not equipped to meet their needs. As a result, children/youth are at risk of experiencing another "placement failure."

DCFS policy is, in fact, consistent with State guidelines which state that children are to be placed in the least restrictive environment consistent with their best interests and special needs. Complying with the letter and spirit of this policy necessitates the development a comprehensive assessment of each child such that the appropriate type and level of care and treatment can be identified. The more comprehensive and multi-disciplinary assessment and planning process implemented pursuant to the MCC Operational Agreement combined with the work of the Regional Placement Resource Teams to monitor and support improved placement decision making for all children at MCC address this recommendation.

Actions Taken

- ◆ Increased staffing to DCFS Resource Utilization Management Unit to consult with case carrying CSWs on identification of appropriate placement resources consistent with each child or youth's special needs.
- ◆ Implemented Regional Placement Resource Teams in each DCFS office to support improved placement-related decision making for high end children.

Actions Planned (Reference Actions Taken and Planned pursuant to Recommendation No. 1)

- ◆ Conduct follow up assessment of transition age youth following release to assess appropriateness of placement and effectiveness of transition planning. (Ongoing)

Recommendation No. 6:

"DCFS planning for emancipation of transition age youth, which includes housing should begin six months to one year prior to their 18th birthday. (MCC Transition Age Youth Report, Page 5)

Response

State and Federal law currently mandate initiation of this planning process at age 16 towards development of a Transitional Independent Living Plan for each child. DCFS policy mandates beginning transitional independent living planning even earlier (age 14) and DCFS has been highly focused on improving documented compliance with this policy. Weekly and monthly management reports to track compliance have been implemented and are rigorously monitored. DCFS will initiate a separate reporting mechanism within the Bureau of Children and Family Services specifically to insure implementation of this transitional independent living planning process for all youth at MCC who are fourteen years of age or older.

Actions Taken

- ◆ Established policy mandating development and regular updating of transitional independent living plans beginning at age fourteen.
- ◆ Implemented weekly and monthly management reports within the DCFS Bureau of Children and Family Services to track compliance with DCFS policy.

Actions Planned

- ◆ Establish separate management within the DCFS Bureau of Children and Family Services focused on insuring transitional independent living plans are developed and updated for each child fourteen years of age or older at MCC. (Target Date: January 31, 2002)

Recommendation No. 7:

"MCC is beginning the process of obtaining SSI for adolescents starting at age 16-17. It is recommended that DPSS be requested to have a worker stationed full-time at MCC." (MCC Transition Age Youth Report, Page 5)

Response

DCFS has established specialized unit within its Revenue Enhancement Division to complete and submit applications to the Social Security Administration for youth beginning at age 17. Protocols with DCFS Regional Operations and MCC have been established to insure prompt gathering of necessary information to submit applications for any and all youth age 17 at MCC. The Department has also initiated discussions with Mental Health Advocacy Services towards establishing a Benefits Specialist role at MCC to further expedite the application process. This individual would assume responsibility for gathering information and submitting applications on behalf of transition age youth at MCC directly to the Social Security Administration.

Actions Taken

- ◆ Established specialized unit in DCFS Revenue Enhancement to expedite SSI application processes for all youth at age 17 and above.
- ◆ Streamlined protocols with DCFS Regional Operations to insure prompt submission of information.

Actions Planned

- ◆ Work with Mental Health Advocacy Services to establish Benefits Specialists position at MCC to oversee SSI applications specifically MCC transition age youth.

Recommendation No. 8:

"The County should provide additional funding (over the SSI payment amount) for 18-21 year olds sufficient to sustain them in a structured residential environment with appropriate supervision." (MCC Transition Age Youth Report, Page 5)

Response

Allocating County funds to supplement SSI payments requires further research and has budgetary implications. Given the high Net County Cost associated with MCC this will be evaluated as an option. In the near term, we will strengthen the means by which all appropriate categorical sources of funds to serve this population may be made available in support of each young adult's transition plan out of MCC. This includes insuring ready access to funding for mental health services through Early Periodic Screening Diagnosis Treatment (EPSDT) funding, ILP funding for Room and Board Assistance and other emancipation services and access to housing funds for young adults with mental health needs. These can and will be utilized to supplement SSI financial support for transitional age youth.

Actions Taken

- ◆ Established mechanism for direct referral for all MCC transition age youth to ILP related services and funding.
- ◆ Established direct referral process to Transitional Housing Programs including DMH/DCFS Transitional Housing for young adults with mental health needs.

Actions Planned

- ◆ Explore development of "revenue specialist" position at MCC to participate with the MCC Transition Age Youth Committee and identify relevant funding sources to support individual transition/placement plans for young adults. (Target Date: January 31, 2002)

Recommendation No. 9

"There is a current need for Community Treatment Facility (CTF) beds in L.A. County, and this should be a top advocacy priority for this population. In addition, CTF type facilities should be available for transition age youth after age 18." (MCC Transition Age Youth Report, Page 5)

Response

Community Treatment Facilities in Los Angeles County were developed subsequent to the Work Group issuing this Recommendation. Both Vista Del Mar and Starview Adolescent Center provide intensive mental health services in a secure setting for the County's most needy youth placed by DCFS, DMH and Probation. Referral and intake is through an Interagency Screening Committee and children and youth at MCC are referred as appropriate. Community Care Licensing regulations prohibit placement of young adults over age 18 in CTF programs.

For young adults (over age 18) for whom intensive mental health treatment in a secure setting is indicated, referrals for such services are made through DMH the adult mental health system. Specifically, referrals may be made to Adult Enhanced Skilled Nursing Facilities, Mental Health Rehabilitation Centers or State Mental Hospitals as indicated by the young adult's specific treatment needs. Admission to such programs is voluntary unless the young adult is under the governance of a conservatorship. Review and consideration of these and other treatment options is part of the work of the Transition Age Youth Committee referenced in response to Recommendation No. 2.

Action Taken

- ◆ Developed Community Treatment Facility programs within Los Angeles County and give priority consideration for CTF intake to youth in need CTF services at MCC.

Action Planned

- ◆ For young adults over 18) insure linkage and referral to in-patient mental health programs as appropriate. (Ongoing)

Recommendation No. 10

"The monthly transition age youth committee should develop a mechanism to assess the number of additional community bed-based programs needed for this population in L.A. County, while considering wraparound and SOC alternatives. This committee should explore the development of alternative placements for those individuals who are determined to be unable to live outside of an institutionalized setting." (MCC Transition Age Youth Report, Page 5)

Response

Information gathered as a result of the case review and transition planning MCC Transition Age Youth Committee will be used to inform broader resource development planning efforts. Pursuant to the MCC Operational Agreement CAO's Resource Development Administrator has begun consolidating planning and resource development efforts for transition age youth. Specifically the "Transitional Housing for Emancipated Youth Sub-committee" has been established as a sub-group of the Special Needs Housing Alliance (established by the New Directions Task Force). This sub-committee will have as its primary responsibility coordinating and overseeing resource development efforts for this population.

Actions Taken

- ◆ Established MCC Transition Age Youth Committee to review/develop transition plans for transition age youth and identify resource development needs.
- ◆ Established "Transitional Housing for Emancipated Youth" sub-committee under the leadership of the CAO's Resource Development Administrator to conduct ongoing needs assessment and to oversee and insure coordination and implementation of all resource development efforts for transition age youth.

Actions Planned

- ◆ Develop a plan for the development and utilization of transitional housing resources for transition age youth at MCC or at risk of MCC placement.
(Target Date: Pending)

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**OPERATIONAL AGREEMENT FOR
MACLAREN CHILDREN'S CENTER AND
COMMUNITY-BASED LONG-TERM INTENSIVE CARE SYSTEM**

I. PURPOSE

This Operational Agreement is entered into by the Los Angeles County Office of Education (LACOE) and the following County departments: Chief Administrative Office (CAO), Children and Family Services (DCFS), Probation (Probation), Health Services (DHS), Mental Health (DMH), and Public Social Services (DPSS). The purpose of the Operational Agreement is to confirm/define the Departments/Agencies joint and several roles and responsibilities to:

- Ensure MacLaren Children's Center (MacLaren) provides integrated care and planning for children;
- Provide for the successful transition of children from MacLaren to family and/or community living; and
- Develop and implement a community-based long-term intensive care system.

Providing children/youth who have multiple, complex, and enduring needs with short-term (up to 30 days) emergency shelter when no other placement setting exists is critical to their health, safety, and well-being. These children/youth must be prepared for a safe and successful transition into the community and provided with needed community-based resources, services, and support to live in a permanent family setting or independent living program. The care for these children/youth must be individualized, comprehensive, coordinated, and consistent to facilitate appropriate access and delivery of medical, mental health, educational, social, prevocational, vocational, rehabilitative, and/or other needed services that meet the entirety of the child/youth's needs while he/she is at MacLaren or in the community.

The Interagency Children's Services Consortium (Consortium), which includes the heads of the Departments/Agencies listed above, is working to improve outcomes for children and families through the provision of enhanced assessment and care for children/youth at MacLaren; coordinated case management, transition planning, and service delivery; and the provision of integrated County and community-based resources to enable children/youth to successfully live in their community.

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II. PROVISIONS

The term of this Operational Agreement shall begin on September 4, 2001, and shall be reviewed annually. It may be amended from time to time by agreement of all the parties. If any party desires an amendment(s), they shall inform the other parties of their desire to modify the Agreement in writing and shall specifically identify the term(s) or condition(s), which they desire to modify. In order for this document to remain viable, amendments which include additions, modifications, and/or deletions discovered through experience may be necessary.

III. BACKGROUND

As stated in Welfare and Institutions Code (WIC) Section 16501(c), Los Angeles County is required to provide child welfare services as needed. This includes emergency shelter care for abused, neglected, and abandoned children. MacLaren is the County's emergency shelter.

The following legal premises underlie the intent of the County departments and LACOE in developing this agreement:

- Title 2 of the Los Angeles County Code Section 2.08.170 Administrator, MacLaren Children's Center will be fully implemented. The MacLaren Administrator (Administrator) shall be appointed by the Chief Administrative Officer and shall supervise and direct the operations of the Center, and facilitate interdepartmental cooperation at the Center. The directors/heads of the County departments who are signatories to this Agreement shall assign personnel as necessary to MacLaren, and such personnel, while so assigned, shall work under the direction and supervision of the Administrator. The Administrator, for purposes of administration of MacLaren, including but not limited to personnel administration, shall be a subordinate of each department head who assigns personnel to MacLaren so that such department head can delegate to the Administrator the exercise of judgment or discretion to impose discipline or take any other personnel action on behalf of the department head regarding personnel assigned to MacLaren.

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- Foster care provisions under California Senate Bill 163 and the Social Security Demonstration Project by the U.S. Department of Health and Human Services shall be fully implemented. The State legislation and federal demonstration project support implementation of Wraparound services and allow greater flexibility in the use of foster care dollars to respond to the needs of children/ youth with multiple, complex, and enduring needs. These children/youth must meet the following criteria:
 - ◆ Have experienced or are at risk of experiencing multiple and/or extended stays at MacLaren; or
 - ◆ Are currently in or at risk of voluntary hospitalization in Metropolitan State Hospital pursuant to Government Code Section 7572.5; or
 - ◆ Have been adjudicated as a dependent or ward of the Juvenile Court pursuant to Welfare and Institutions Code Sections 300, 601, and 602, or are described under Assembly Bill 3632 and are currently placed in, or at risk of placement in, a group home licensed at a Rate Classification Level (RCL) of twelve (12) or higher.

IV. PROBLEM DEFINITION

Children at MacLaren present severe adjustment problems, including significant mental health problems, perform significantly below grade level and often have developmental disabilities. To prevent multiple and extended stays at MacLaren, it is critical to ensure that these children are appropriately assessed, provided with needed treatment services, and prepared for successful transition to a family and community setting.

As the only County emergency facility for dependent children, MacLaren needs the support of all Consortium member agencies to ensure that its institutional health and safety operating requirements are met, including full staffing of 24-hour/7-day-per-week post-positions and one-on-one supervision positions; emergency back-up staffing provisions; immediate response to facility maintenance and supply issues; and access to health and mental health treatment services. Optimal collaboration between Consortium members and the MacLaren Administrator is essential and is dependent on the clear delineation of roles and responsibilities.

Full development and implementation of the Community-Based Long-Term Intensive Care System is also needed to avoid multiple and extended stays at MacLaren. Enhanced resource utilization and organization are needed to fully implement Wraparound services, secure additional needed community resource supports, and coordinate County program services.

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V. SCOPE OF WORK

The Consortium through an integrated multi-disciplinary effort intends to ensure that all children/youth at MacLaren receive individualized, multi-disciplinary assessment, diagnoses, and treatment services while at MacLaren, and then are prepared for transition to a community and family setting that is best able to meet their needs for safety, support, stability, and permanence within 30 days.

To accomplish this, the MacLaren Administrator has delegated authority over personnel and procurement issues to expedite implementation of needed changes for enhancing MacLaren operations. Each Consortium member will establish a separate budget allocation for MacLaren that includes all MacLaren related costs. The MacLaren Administrator will be held accountable for communicating and securing any additional resources needed from Consortium members in support of meeting the needs of the children at MacLaren, and Consortium members will be held accountable for responding and acting on issues identified in a timely manner.

An executive position will be established and funded in the CAO to serve as the MacLaren Resource Development (RD) Administrator. The RD Administrator will be appointed and supervised by the Chief Administrative Officer.

VI. FISCAL PROCESS

The FY 2001-02 MacLaren Budget will continue to roll up to the DCFS Adopted Budget. Although Consortium members have identified preliminary costs associated with the MacLaren operation, efforts to further refine expenditures and revenues as well as the best claiming practices are ongoing. Costs attributed to MacLaren activities will continue to be budgeted in the respective Consortium member Departments/Agencies' budget.

The MacLaren Administrator shall be responsible for:

- Assisting in the development of and operating within the MacLaren Adopted Budget;
- Preparing and executing Departmental Service Orders (DSO) with DMH, DHS, and Probation (if necessary) to ensure reimbursement for expenses incurred by the personnel of those departments in relation to the performance of their duties at MacLaren;
- Approving procurement of goods and services related to MacLaren's operation;
- Implementing cost-tracking mechanisms to capture expenditure data associated with each Consortium members' activities at MacLaren;

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- Identifying functions at MacLaren, and the associated operating costs, that should be included in the DCFS-Administration budget (e.g., MacLaren Unit). Charging DCFS-Administration expenses directly to the DCFS-Administration Organizational Code, as appropriate;
- Utilizing appropriate Consortium members' departmental organizational codes, as required, when accessing Internal Services Department (ISD) services;
- Preparing a monthly estimated actual expenditure analysis for tracking purposes for each Consortium member that provides services to MacLaren;
- Reviewing DSO encumbered amounts monthly to ensure adequacy to meet the projected annual need; and
- Amending DSO amounts as necessary.

County Department Consortium Members shall be responsible for:

- Continuing to further identify service and supply costs currently budgeted in their budget that should be attributed to MacLaren;
- Implementing cost-tracking mechanisms to capture expenditure data associated with all activities and services performed for MacLaren;
- Reviewing and executing DSO, where applicable, to ensure costs incurred for staff employed at MacLaren are reimbursed; and
- Reviewing and reimbursing appropriate charges as requested by MacLaren.

VII. IMPLEMENTATION SCHEDULE

The implementation target dates for this Operational Agreement are as follows:

Execute Operational Agreement with Consortium Departments/Agencies	09/04/01
Review MacLaren Staffing	09/25/01
Establish MacLaren Budget Allocation	10/01/01
Establish a System to Monitor and Track Licensure Compliance	10/05/01
Further Define and Monitor Case Manager Function	10/22/01
Implement New Personnel & Procurement Process	10/31/01
Develop Operating Protocols between MacLaren Case Manager and Case-Carrying Social Worker	11/19/01
Establish Office of the RD Administrator	01/02/02
Submit Community Resource Development Plan	06/03/02

VIII. ROLES & RESPONSIBILITIES

CAO

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The Chief Administrative Officer shall serve as the Chair of the Consortium and shall ensure that the MacLaren Administrator, the RD Administrator, and Consortium members are held accountable for their roles and responsibilities as outlined in this Agreement. In this regard, the Chief Administrative Officer is committed to use his existing authority to call upon County personnel for assistance in support of MacLaren and to transfer resources to MacLaren, as needed, to ensure its effective operation.

MacLaren Administrator

The MacLaren Administrator, who shall be appointed and supervised by the CAO, is responsible for managing the day-to-day operations at MacLaren, directing the work of all staff assigned to MacLaren, and ensuring the health, safety, security, and well-being of children/youth at MacLaren. However, in recognition of medical licensing standards, the MacLaren Administrator shall not administer or oversee the clinical practices of physicians working at MacLaren. All such oversight shall be directly performed by the medical director assigned by DHS to MacLaren. Specifically, the MacLaren Administrator will be responsible for ensuring that:

- Every child at MacLaren receives an initial assessment as soon as possible, but no later than within five (5) days;
- Every child at MacLaren receives a comprehensive and individualized assessment as soon as possible, but no later than within fifteen (15) days, and receives the treatment and educational services they need;
- Information is prepared and made available in a timely manner for MacLaren staff and Consortium members' staff to develop necessary court reports, plans of care, and case plans;
- MacLaren complies with all licensing requirements;
- Corrective actions identified by the Auditor-Controller in quarterly reports are implemented;
- MacLaren staff are properly trained and performing competently; and
- MacLaren staff are properly disciplined, if appropriate.

By County Ordinance adopted by the Board of Supervisors, the MacLaren Administrator is provided with the authority to supervise the operations of MacLaren and has delegated authority to impose discipline and take other personnel actions related to Consortium members' staff that work at MacLaren, except with respect to medical staff assigned to MacLaren, the discipline of whom must be taken in accordance with the Medical Staff Bylaws of the LAC/USC Medical Center and any applicable statutory and regulatory parameters. The MacLaren Administrator shall also have delegated authority to approve procurement of goods and services related to MacLaren operations. The MacLaren Administrator is committed to the full exercise of his authority on behalf of the CAO and the Consortium.

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Based on this delegated authority, the MacLaren Administrator is responsible for all operations at MacLaren as delineated in the attached organization chart (Attachment I). Responsibility for the DCFS MacLaren Unit and the DCFS Resource Utilization Management Unit which are housed at MacLaren remains with the DCFS Director.

The MacLaren Administrator is also responsible for ensuring that the designated MacLaren staff perform the following responsibilities:

MacLaren Case Manager

- Be responsible for the development of a comprehensive, integrated, and individualized plan for each child while at MacLaren that will not replace but build on the existing case plan.
- Facilitate the initial interview with the child and orient him or her to MacLaren;
- Gather and research all relevant case and background information regarding the child and his or her situation;
- Become conversant with all aspects of the child's strengths and service needs including education, health, and mental health as quickly as possible;
- Oversee and ensure the child's initial adjustment and functioning in his or her cottage;
- Coordinate and facilitate the scheduling of case conferences and follow up to ensure key tasks are carried out on behalf of each assigned child;
- Ensure all information is entered into the CWS/CMS information system;
- Serve as the primary contact for each child concerning all issues related to his or her care;
- Ensure that, to the extent possible, any child who must return to MacLaren will receive clinical services from the same staff member(s) who provided the services during the previous placement at MacLaren; and
- Use a standardized reporting method and format to document all relevant data related to a child.

DMH MacLaren Staff

- Participate on the multi-disciplinary team (MDT) to create a plan of care for each child;
- Complete a Psychosocial Evaluation within two (2) days of the child's intake at MacLaren and develop a mental health treatment plan to address any symptoms of mental illness;
- Provide each child who has a diagnosis of mental illness with a primary therapist who will provide treatment and support; intervening in any

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emergency using their clinical expertise as part of the team to resolve the situation, and providing group therapy, day treatment, and other mental health interventions no less than one hour per week;

- Monitor the medication needs of each child; maintaining the clinical record and billing documents in proper order;
- Provide reports and assessments as required; and
- Oversee the operation of the Crisis Stabilization Unit.

DHS MacLaren Staff

- Participate on the MDT to create a plan of care for each child that includes appropriate health related measures;
- Participate in the child/youth's initial/intake and interim case conferences at MacLaren; and
- Complete a full health examination for each child/youth within 24 hours of their intake at MacLaren.

The MacLaren Administrator has the right to refuse placement for those children who are inappropriate for the MacLaren setting, including, but not limited to, autistic children and those children whose medical needs are not suitable for placement at MacLaren. Although the children will be accepted on an emergency basis, the MacLaren Administrator will issue a 7-day notice to the DCFS case-carrying social worker who will be responsible for finding a suitable placement within that time.

The MacLaren Administrator shall communicate, in writing, to the CAO and Consortium members the following information within the identified time frames:

- Special incidents that resulted in significant harm to a child/youth and/or significant disruption to the operations of MacLaren by no later than two (2) hours from time of incident;
- Need for external support and/or services by no later than three (3) days from the time when need was identified;
- Changes in MacLaren's management structure, delivery of services, and/or operational policy prior to implementation; and
- Status reports on MacLaren operations, performance measures, and Consortium issues by no later than the 30 days following the end of the report month

Resource Development Administrator

The Resource Development (RD) Administrator shall be appointed and supervised by the CAO. Specifically, the RD Administrator will be primarily responsible for coordinating and

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overseeing the development of the Community-Based Long-Term Intensive Care System for children in the child welfare, probation and mental health systems. This will include, at minimum:

- Working with Consortium members on development and recruitment of a continuum of placement resources, including community-based alternatives that provide individualized, strength-based care for each child, and attracting qualified new providers;
- Developing strong public/private/community partnerships, including the seven Los Angeles County Regional Centers;
- Identifying and addressing barriers/challenges to comprehensive resource development;
- Working with Consortium members and the community to identify funding for placement capacity building; and
- Developing an optimized contract administration process for placement resource contracts that will assure performance and accountability related to contract compliance.

The role of the RD Administrator will be further defined during calendar year 2002 and it may include coordination and oversight of the Wraparound services programs.

The RD Administrator shall communicate in writing to the CAO and Consortium members the following information within the identified time frame:

- Status reports on development and implementation of the Community-Based Long-Term Intensive Care System, performance measures, and Consortium issues by no later than the 30 days following the end of the report month.

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Consortium Members

Collective Responsibilities: Collective responsibilities of all Consortium members include the following:

- County departments are committed to providing the MacLaren Administrator with the effective authority and control he needs to administer the operation of MacLaren, including control over staffing and budget. LACOE is committed to enabling the MacLaren Administrator with authority to exercise the fullest control possible within the constraints of its personnel and budgetary policies and procedures;
- The MacLaren Administrator and Consortium members have formalized their mutual commitment to fully focus all MacLaren services on the strengths and needs of each child and develop appropriate plans for the care of each child while at MacLaren and on transition to the community;
- County Consortium members will maintain eligible personnel certification lists for MacLaren positions and facilitate the hiring of staff for MacLaren on a priority basis;
- The MacLaren Administrator will provide sufficient staffing in all disciplines to meet MacLaren's 24-hour/7-day-per week operation;
- Should the MacLaren Administrator determine that an employee is unsuitable for service at MacLaren and disciplinary action is not appropriate under the circumstances, the MacLaren Administrator shall submit a request and justification for transfer to the appropriate Department Head. Should an appropriate position be available, the Department Head shall transfer the employee. In the event that a transfer cannot be made, the decision shall be subject to review by the CAO;
- The Department Heads of County Consortium members shall provide a response to the MacLaren Administrator within eight (8) hours of receiving an emergency request related to covering post-positions on an emergency basis, maintaining compliance with licensing requirements, and providing for the health, safety, security, and well-being for the children at MacLaren; and
- The Department Heads of County Consortium members shall provide a direct written response to the MacLaren Administrator and RD Administrator within five (5) working days of receiving requests on non-emergency issues.

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Individual Responsibilities: Individual Consortium member specific responsibilities are as follows:

Department of Children and Family Services (DCFS)

In addition to its current efforts to prevent placement of children at MacLaren, DCFS shall provide the following continuum of services in support of children placed at MacLaren Children's Center (MacLaren), from the commencement of shelter care intake, through discharge to an appropriate community placement.

The following services shall be provided to each child during placement at MacLaren:

The assigned DCFS case-carrying social worker will:

- Develop necessary, individualized and appropriate case plans (including transition plans developed in consultation with MacLaren and DCFS RUM staff) pursuant to Department policy and procedure, in a manner designed to draw on community resources and include family members as appropriate;
- Provide a comprehensive range of social services to the child and family, as required by DCFS policy and procedure, so as to ensure the health, safety, well-being and quality of life of children placed at MacLaren;
- Coordinate the transmittal and delivery of all necessary information and documentation about the child to MacLaren as required by DCFS policy and procedure;
- Participate in intake, interim planning, transition planning conferences as a member of a MDT during child's placement at MacLaren; (Note: Participation at the initial conference is either in-person or by phone. Participation in the interim and discharge planning conferences is to be in-person and the child is to be visited in conjunction with these planning processes.);
- Update MacLaren case manager promptly regarding modifications to case plans, changing family dynamics, court orders issued, and any other case-related matters affecting the child;
- Ensure that all relevant case information is entered into the DCFS Automated Case Management System known as "CWS/CMS";
- Work closely with the DCFS MacLaren Unit to ensure that the court reports are filed timely and that the reports contain all necessary and relevant information;
- Communicate as necessary with the DCFS MacLaren Unit and other MacLaren staff to ensure that the child's needs are being met;

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- Work diligently, in partnership with MacLaren and designated DCFS RUM staff, to identify an appropriate community placement for the child so as to move the child from MacLaren in an expeditious manner. This includes identifying placements for children inappropriately placed at MacLaren for whom the MacLaren Administrator has issued a 7-day notice;
- Implement all case plans and transition plans pursuant to DCFS policy and procedure;
- Work in partnership with all necessary and appropriate agencies and professionals to ensure that the child's health, educational, and emotional needs are being met at MacLaren and will be met once the child is discharged from MacLaren; and
- Collaborate fully and effectively with the MacLaren Case Manager during the first 60 days of a child's transition period from MacLaren.

The DCFS MacLaren Unit will:

- Coordinate the compilation of information documenting multi-agency service provision during a child's stay at MacLaren to be provided in report form to the Juvenile Court;
- Prepare and submit comprehensive 15 day court reports during a child's stay at MacLaren;
- Visit the child regularly (a minimum of once a week) for the duration of a child's stay at MacLaren;
- Ensure that all relevant case information is entered into the DCFS Automated Case Management System known as "CWS/CMS";
- Notify the child's case-carrying social worker and the MacLaren Case Manager if they have any reason to believe that a child's needs are not being met while at the Center;
- Notify the case-carrying social worker and MacLaren Case Manager of issues that arise in court regarding the child;
- Participate as needed in meetings and planning sessions regarding the health, safety, well-being and quality of life of children placed at MacLaren; and
- Be responsive to the needs of the Juvenile Court in monitoring the health, safety, well-being and quality of life of children placed at MacLaren.

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The DCFS RUM Unit will:

- Serve in the "gatekeeping" role/function for MacLaren and work with DCFS Regional Managers, DMH, Probation and the community of providers and caregivers to prevent unwarranted or inappropriate intake of children/youth to MacLaren;
- With support of DCFS Regional Managers, DMH, and Probation work to ensure the number of children at MacLaren does not exceed licensed capacity;
- Participate with DMH in crisis intervention and stabilization services to children in high level residential care who are "at risk" of MacLaren placement or psychiatric hospitalization;
- Identify alternative placements for children "at risk" of MacLaren placement or psychiatric hospitalization; and
- Work with case-carrying social workers and MacLaren Case Managers to identify and develop an appropriate community and family setting for children at MacLaren.

Regional Managers in the DCFS Bureau of Children and Family Services will:

- Support and hold accountable case-carrying social workers for finding and supporting stable placement situations for children/youth at MacLaren;
- Ensure case-carrying social workers follow through on necessary actions to transition children/youth successfully to the community;
- Convene a Regional Placement Resource Team (RPRT) of individuals knowledgeable about the array of resources and services available for special needs children in the community; and
- Oversee development of specific transition plans that meet the individual child/youth's needs, draw upon local community resources, and include necessary family preservation, health, mental health, education, group and residential care, independent living/transitional housing, and Wraparound services.

In addition, DCFS shall:

- Provide assistance to the MacLaren Administrator in the development and implementation of a Supplemental Security Income (SSI) Advocacy Program for potentially eligible youth; and

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- Be responsive to all requests for assistance and support from the RD Administrator in developing and implementing the Community-Based Long-Term Intensive Care System. To assist in that effort, DCFS will: 1) ensure that each Departmental Regional/SPA office has a RPRT, which will coordinate Departmental and community resources to assist in securing appropriate placements for children placed at MacLaren or those "at risk" of MacLaren placement. The primary responsibility of the RPRT's is to fulfill the Department's mandate to find appropriate, safe, stable and permanent placements for children; and 2) through its RUM Section, be responsible for coordinating community resources for placement of children with special needs. RUM will facilitate the Department's utilization of psychiatric hospitals, Regional Centers, and Department of Mental Health placement resources.

Probation

Probation shall be responsible for ensuring that Deputy Probation Officers (DPO) and support staff perform the following responsibilities for any child/youth admitted to MacLaren who has an active case with Probation:

- Participate on the MDT for purposes of assisting in the creation of a plan of care for each child;
- Participate in the child/youth's initial/intake conference and interim case conferences at MacLaren;
- Provide the Juvenile Court and MacLaren with all relevant information regarding children/youth at MacLaren including all required court reports;
- Visit the child/youth at MacLaren in accordance with Probation policy and Court requirements; and
- Provide all required and needed information to the MDT including Information regarding the child/youth's conduct under supervision.

Probation shall be responsible for ensuring that its Intake and Detention and Control (IDC) staff perform the following responsibilities:

- Screen delinquency referrals from MacLaren to juvenile hall to determine the appropriateness of detention;
- Work with local law enforcement to ensure that cases meet the appropriate criteria; and
- Expedite children/youth housed in juvenile hall who are ordered to enter or return to MacLaren so that there will be no unnecessary time in detention.

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Probation shall be responsive to all requests for assistance and support from the RD Administrator in developing and implementing the Community-Based Long-Term Intensive Care System. Specifically, Probation staff will support the development of resources and the screening process associated with the Long-term Intensive Care System. Staff will participate on the screening committee for referrals from the mental health, dependency, and delinquency systems.

Department of Mental Health (DMH)

DMH shall be responsive to all requests for assistance and support from the RD Administrator in developing and implementing the Community-Based Long-Term Intensive Care System.

Department of Health Services (DHS)

DHS shall be responsive to all requests for assistance and support from the RD Administrator in developing and implementing the Community-Based Long-Term Intensive Care System.

Los Angeles County Office of Education (LACOE)

LACOE shall support the MacLaren Administrator to ensure that educational staff perform the following responsibilities:

- Ensure that all relevant available educational information is collected for each child, including any Individualized Education Plan (IEP) and other educational services documents;
- Conduct general education performance assessments of the child/youth's needs within three (3) working days of intake;
- Ensure the provision of comprehensive services and planning on child/youth educational issues;
- Ensure that special education students are provided with mental health and special education services as appropriate to their IEP
- Ensure that special day class placements or least restrictive environment are provided when required;
- Ensure that authorized educational information is contained in the child/youth's Health and Education Passport; and
- Facilitate link of appropriate school services for children/youth when they transition from MacLaren to a local school district, or a special education school site.

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LACOE shall respond to requests for assistance and support from the RD Administrator in developing and implementing the Community-Based Long-Term Intensive Care System.

Department of Public Social Services (DPSS)

A DPSS Manager will be designated to work with the MacLaren Administrator and RD Administrator to provide training and information about the services administered directly or indirectly by DPSS and how to access services for eligible children/youth.

DPSS shall be responsive to all requests for assistance and support from the RD Administrator in developing and implementing the Community-Based Long-Term Intensive Care System.

DPSS shall provide assistance to DCFS and the MacLaren Administrator in the development of a Supplemental Security Income (SSI) Advocacy Program for potentially eligible youth.

IX. SHARING AND PROTECTION OF CONFIDENTIAL INFORMATION

All of the Departments/Agencies and their employees at MacLaren are engaged in the cooperative treatment of victims of child abuse and/or neglect. All records and information derived by employees of the Departments/Agencies in their work at MacLaren belong to the Department/Agency they represent. The Department/Agency must protect confidential and privileged information. However, they may share the information with other public agencies for the purpose of administration of public social services and to assist members of multi-disciplinary personnel teams in providing services.

The Departments/Agencies may elect to utilize electronic/computer programs (e.g., CWS/CMS) to share such information and records. Most confidential and privileged information may be disclosed among the Departments/Agencies and within the multi-disciplinary personnel teams without obtaining waivers or consents, including HIV-AIDS treatment information and mental health records. Only drug and alcohol treatment records for minors 12 years and older require a court order or the minor's consent to be shared.

Departmental/Agency staff may share among themselves all information derived from their work at MacLaren without personal liability. However, each Department's/Agency's employee participating in the multi-disciplinary personnel teams must sign and maintain on file the Confidentiality Statement (Attachment II). Signing of this Confidentiality Statement acknowledges that he/she is trained and qualified to provide one of the services listed in Welfare and Institutions Code (WIC) Section 18951, specifying which service, and, that he/she acknowledges that the information and/or records received in the course of serving on the team are confidential and that he/she shall maintain their confidentiality and be


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under the privacy and confidentiality obligations and subject for the same confidentiality penalties as the person disclosing or providing the information for records. The Confidentiality Statement is also designed to be user for team members or deemed team members who are not part of the MacLaren staff but are a part of a child-specific team.

The specific information to be shared and stored in CWS/CMS is described in the Roles and Responsibilities (Section VIII) of this Operational Agreement. Everything that is legally allowed in CWS/CMS is considered part of the Juvenile Court Record and is therefore subject to disclosure under WIC Section 827. A protocol is being established and will be amended into this operational agreement to protect and identify for the court confidential information which cannot be released. Such information as therapeutic notes, HIV status, developmental disabilities, etc. will be included.


X. OPERATIONAL AGREEMENT

In witness whereof, we, the Heads of the respective Departments/Agencies below, do hereby agree to the terms of and cause the Operational Agreement for MacLaren Children's Center and Community-Based Long-Term Intensive Care System to be effective this September 4, 2001. This Operational Agreement provides the clarification of roles and responsibilities and confirms the commitment of all Consortium members to deliver effective services to children/youth and to support each other in that service delivery.


DAVID E. JANSSEN
Chief Administrative Officer

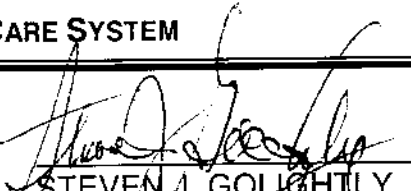

ANITA BOCK, Director
Department of Children and
Family Services

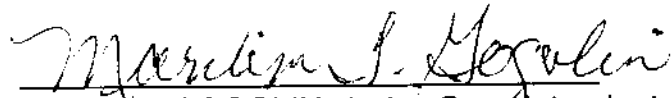

FRED LEAF, Acting Director
Department of Health Services


RICHARD SHUMSKY
Chief Probation Officer

OPERATIONAL AGREEMENT FOR
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MARVIN J. SOUTHARD, D.S.W., Director
Department of Mental Health


STEVEN J. GOUGHLY, Interim Director
Department of Public Social Services


MARILYN GOGOLIN, Acting Superintendent
Los Angeles County Office of Education

MacLaren Children's Center
Transition Age Youth Work Group

FINAL REPORT

A. Work Group Participants

Amanda Bender, The HELP Group
Alda Fenster, San Fernando Valley Community Mental Health Ctr.
Ingrid Hines, Penny Lane
Eva McCraven, Hillview Mental Health Center
Lyn Munro, Hathaway Children and Family Services
John Robbins, MacLaren Children's Center
Melinda Sullivan, Lanterman Regional Center
Amaryllis Watkins, MacLaren Children's Center
Bruce Saltzer, Association of Community Mental Health Agencies

B. Background

The Association of Community Mental Health Agencies (ACMHA) was contacted by Trisha Curry from the Los Angeles County Commission for Children and Families requesting the assistance of ACMHA in trying to identify appropriate community-based placements for transition age youth (aged 17 to 19) residing at MacLaren Children's Center (MCC). In response to this request, a work group was formed consisting of the individuals listed above.

In preparing this report, ACMHA wishes to acknowledge the outstanding cooperation of the MacLaren Children's Center, led by Administrator John Robbins, during this project. Mr. Robbins has also provided notable candor in the discussion of issues related to transition age youth at MCC. It is clear that his only interest is in improving the lives of the children at MCC.

C. Activities

1. A total of four meetings were held, on August 3, 2000, October 11, 2000, October 23, 2000, and November 16, 2000.
2. The first meeting resulted in the development of a Clinical Profile document, which was provided to MCC to be used to profile each of the transition age youth then residing at MCC (see Attachment A).
3. Within approximately a one month period of time after ACMHA provided the Clinical Profile form to MCC, MCC returned completed profiles for the 19 transition age youth residing there at the time.

4. The second meeting was then scheduled to review the completed profiles. At that meeting, the following case review criteria were developed:
 - a. Can this person live outside of an institutionalized setting?
 - b. Do we currently have the type of programming in the community to meet this person's needs?
 - (1) If so, what specific agency resources are currently available to meet his/her needs? Are additional resources needed?
 - (2) If not, what type of program(s) should be developed?

It was agreed that both bed-based programs and wraparound /Children's System of Care type programs should be considered.

5. In response to the question about current community resources for this population, a survey of current transition age youth bed-based programs was conducted. The results are included as Attachment B, along with a resource list provided by MCC. [It should be noted that this does not include beds targeted for persons with developmental disabilities used by the Regional Centers.]
6. The review of the 19 Clinical Profiles resulted in the following analysis/disposition:
 - a. Client No. 11971 (1) - During the project period was released by MCC to a transitional housing program.
 - b. Client No. 15006 (2) - During the project period was released by MCC.
 - c. Client No. 14246 (3) - Was determined to possibly be appropriate for a locked Community Treatment Facility. Should be referred to Vista Del Mar or Star View once CTFs become operational.
 - d. Client No. 15260 (4) - Was determined to be able to live outside of an institutionalized setting. Client was interviewed by Penny Lane and SFVCMHC and refused community based services.
 - e. Client No. 14896 (5) - Regional Center client. Questions were raised about explosive behavior, but

it appeared that this person could probably live outside of an institutionalized setting. MCC was to arrange an interview by one of the Regional Centers, although it is not known whether this was ever done.

- f. Client No. 9688 (6) - Regional Center client. During the project period was released by MCC to a board and care facility.
- g. Client No. 17495 (7) - During the project period went AWOL from MCC.
- h. Client No. 14476 (8) - During the project period was released by MCC to a foster home.
- i. Client No. 17961 (9) - Was determined to be able to live outside of an institutionalized setting. Client was interviewed by Penny Lane and SFVCMHC and found to have issues regarding taking medications and the desire to continue in treatment (whether in a community based setting or otherwise). SFVCMHC will maintain a relationship with this client and continue to try to engage him, with the goal of entering him into their transitional program, scheduled to open by the end of January.
- j. Client No. 17715 (10) - Was determined to be able to live outside of an institutionalized setting. Client was interviewed by SFVCMHC and found to have issues regarding taking medications and the desire to continue in treatment. SFVCMHC will maintain a relationship with this client and continue to try to engage him, with the goal of entering him into their transitional program, scheduled to open by the end of January.
- k. Client No. 17867 (11) - During the project period was released by MCC to a foster home.
- l. Client No. 16654 (12) - During the project period was released by MCC to the Erikson Center at SFVCMHC.
- m. Client No. 17739 (13) - Regional Center client. Was determined to be unable to live outside of an institutionalized setting.

- n. Client No. 16424 (14) - Regional Center client. During the project period was released by MCC to a "Family Solutions" program.
- o. Client No. 3565 (15) - Regional Center client. Was determined to be unable to live outside of an institutionalized setting.
- p. Client No. 7983 (16) - During the project period was released by MCC to Olive Crest Group Home.
- q. Client No. 17831 (17) - Regional Center client. Was determined to be unable to live outside of an institutionalized setting.
- r. Client No. 6130 (18) - During the project period was "terminated" by MCC.
- s. Client No. 12900 (19) - Regional Center client. Is scheduled to be released by MCC to "Choices Are Us," a wraparound program for persons with developmental disabilities.

D. Recommendations

- 1. The work group had questions about the appropriateness of the settings to which several of the individuals had been released during the project period (e.g. Client No. 6 to board and care). In light of this, it is recommended that MCC and/or DCFS do follow up with all of the individuals that were released during the project period, at intervals of 3, 6, and 9 months, to monitor their status.
- 2. There should be an ongoing monthly review of any transition age youth at MCC by a transition age youth committee of agency providers which serve this population to determine if appropriate community placements are available. This committee should establish linkages with those Regional Centers serving the individuals being reviewed, as appropriate. This committee should include a representative of MCC familiar with the Clinical Profiles to be reviewed.
- 3. The discharge planning process at MCC needs to continue to move in the direction of being more multi-disciplinary, and should include representation from Regional Centers having case management responsibility for the particular youth to be discharged.

4. MCC should be required to do a pre-placement visit before every individual is placed.
5. DCFS's policy/philosophy regarding least restrictive environment should be revisited in order to prevent the continual recycling of children from inappropriate low level settings to MCC and back. It is strongly believed that in many instances, sooner placement in a more structured, intensive setting for a limited, short-term stay would result in better long term outcomes. Selection of a group of specific children to follow through the system at chosen intervals should be a part of this review.
6. DCFS planning for emancipation of transition age youth, which includes housing, should begin six months to one year prior to their 18th birthday.
7. MCC is beginning the process of obtaining SSI for adolescents starting at age 16 or 17. It is recommended that DPSS be requested to have a worker stationed full-time at MCC.
8. The County should provide additional funding (over the SSI payment amount) for 18 to 21 year olds sufficient to sustain them in a structured residential environment with appropriate supervision.
9. There is a desperate current need for Community Treatment Facility (CTF) beds in L.A. County, and this should be made a top advocacy priority for this population. In addition, CTF type facilities should be available for transition age youth after age 18.
10. The monthly transition age youth committee should develop a mechanism to assess the number of additional community bed-based programs needed for this population in L.A. County, while considering wraparound and SOC alternatives. This committee should also explore the development of alternative placements for those individuals who are determined to be unable to live outside of an institutionalized setting.

D. Service History:
(Within past five years; to utilize DCFS computerized placement history and DMH EPI screens; to include placement lengths of stay (MCC included), reasons for placement discharges, and total length of time in foster care.)

E. Educational Experience:

(To include current IEP goals and educational strengths and barriers, current grade level, and five-year educational history and reasons for discharge.)

[illegible]

F. Risk Assessment:

[See attached checklist.]

G. Child's Strengths and Barriers:

[illegible]

H. Physical Health Care Issues That Might Impact Community Placement:

[illegible]

i. Current Community Support Resources:

1. The following are the names of the persons who have been appointed to the various committees of the Board of Directors of the Corporation for the year ending December 31, 1968:

Name	Committee
Mr. J. H. Smith	Finance
Mr. R. L. Jones	General Management
Mr. W. D. Brown	Marketing
Mr. T. E. White	Production
Mr. C. F. Green	Research and Development
Mr. B. G. Black	Legal
Mr. A. H. Gray	Personnel
Mr. S. J. Hall	Public Relations
Mr. K. L. King	Security
Mr. M. N. Lewis	Transportation
Mr. P. Q. Miller	Utilities
Mr. R. S. Moore	Waste Disposal
Mr. T. U. Taylor	Insurance
Mr. V. W. Walker	Investment
Mr. X. Y. Young	Information Systems
Mr. Z. A. Adams	Environmental Protection
Mr. B. C. Baker	Health and Safety
Mr. D. E. Davis	Quality Control
Mr. F. G. Evans	Customer Service
Mr. H. I. Harris	Supplier Relations
Mr. J. K. Jackson	Government Relations
Mr. L. M. Martin	Community Relations
Mr. N. O. Nelson	Employee Relations
Mr. P. R. Phillips	Volunteer Relations
Mr. Q. S. Quinn	Media Relations
Mr. R. T. Roberts	Public Affairs
Mr. S. V. Scott	Corporate Social Responsibility
Mr. T. W. Turner	Environmental Stewardship
Mr. U. X. White	Human Resources
Mr. V. Y. Wright	Information Technology
Mr. W. Z. Young	Legal Affairs
Mr. X. A. Baker	Finance and Accounting
Mr. Y. B. Brown	Operations and Logistics
Mr. Z. C. Green	Marketing and Sales
Mr. A. D. Black	Research and Development
Mr. B. E. Gray	Production and Manufacturing
Mr. C. F. Hall	Quality Assurance
Mr. D. G. King	Customer Support
Mr. E. H. Lewis	Supplier Management
Mr. F. I. Miller	Government and Regulatory Affairs
Mr. G. J. Moore	Community and Public Relations
Mr. H. K. Taylor	Employee and Labor Relations
Mr. I. L. Walker	Volunteer and Philanthropy
Mr. J. M. Young	Media and Communications
Mr. K. N. Adams	Public and Corporate Affairs
Mr. L. O. Baker	Environmental and Sustainability
Mr. M. P. Brown	Health, Safety, and Environment
Mr. N. Q. Green	Product Development
Mr. O. R. Black	Manufacturing and Operations
Mr. P. S. Gray	Logistics and Distribution
Mr. Q. T. Hall	Customer Experience
Mr. R. U. King	Supplier Development
Mr. S. V. Lewis	Government and Public Policy
Mr. T. W. Miller	Community Engagement
Mr. U. X. Moore	Employee Development
Mr. V. Y. Taylor	Volunteer Coordination
Mr. W. Z. Walker	Media Strategy
Mr. X. A. Young	Public Relations Management
Mr. Y. B. Adams	Corporate Social Responsibility
Mr. Z. C. Baker	Environmental Impact
Mr. A. D. Brown	Health and Safety Management
Mr. B. E. Green	Product Innovation
Mr. C. F. Black	Manufacturing Excellence
Mr. D. G. Gray	Logistics Optimization
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Mr. D. G. Taylor	Environmental Impact

Client: _____

PSYCHIATRIC HISTORY

DSM IV DIAGNOSES

AXIS I

_____	_____
_____	_____
_____	_____

AXIS II

_____	_____
_____	_____
_____	_____

AXIS III

_____	_____
-------	-------

AXIS IV

_____	_____
-------	-------

AXIS V: Current GAF: _____ Highest GAF in Past Year: _____

Information obtained from: _____ Date of this Diagnosis: _____

PREVIOUS AXIS I & AXIS II DIAGNOSIS:

AXIS I

_____	_____
_____	_____
_____	_____

AXIS II

_____	_____
_____	_____
_____	_____

Information obtained from: _____ Date of this Diagnosis: _____

CURRENT PSYCHOTROPIC MEDICATIONS:

PAST MEDICATION ISSUES:

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

OUT-PATIENT PSYCHOLOGICAL/PSYCHIATRIC TREATMENT HISTORY: _____

PSYCHIATRIC HOSPITALIZATION HISTORY: _____

FAMILY HISTORY OF PSYCHIATRIC ILLNESS: _____

RISK ASSESSMENT**Danger To Self:**

History of past suicide attempts: _____

Current risk of suicide: ☐ Low Risk ☐ Elevated Risk (see alert precautions below)

History of self injuries: _____

Current risk of serious self-injury: ☐ Low Risk ☐ Elevated Risk (see alert precautions below)**Violence:**

Risk of violence toward others: _____

☐ Low Risk ☐ Elevated Risk (see alert precautions below)**Elopement (AWOL):**

Risk of AWOL: _____

☐ Low Risk ☐ Elevated Risk (see alert precautions below)**Fire-Setting:**

History of past fire-setting: _____

Current risk of fire-setting: _____

☐ Low Risk ☐ Elevated Risk (see alert precautions below)**Sexual Acting Out:**

History of sexual acting out: _____

Risk of sexual aggression: _____

☐ Low Risk ☐ Elevated Risk (see alert precautions below)**Medical Alerts:**

Allergies: _____

Compliance with medication: ☐ Yes ☐ No _____

Adverse Drug Reactions: _____

Medical Conditions / Health Issues: _____

Restrictions on physical activity: ☐ No ☐ Yes _____**Gang Involvement:** Current gang affiliation: ☐ No ☐ Yes _____

Risk of gang related violence: _____

☐ Low Risk ☐ Elevated Risk (see alert precautions below)**Drug / Alcohol Abuse:**History of drug or alcohol use: ☐ No ☐ Yes _____

Risk of drug/alcohol use or possession of contraband: _____

☐ Low Risk ☐ Elevated Risk (see alert precautions below)**Behavioral Extremes During Crises (specify):** _____**ALERTS / PRECAUTIONS****Staffing:** ☐ Regular staffing ☐ Minor to be in eyesight at all times due to _____☐ 1:1 staffing necessary due to: _____**Concerns/Comments:**

*** Clinical/psychiatric evaluation required prior to modifying "eye sight" monitoring or 1:1 staffing
Elevated risks must be addressed on the Treatment Plan

ACMHA Survey of Transition Age Youth Bed-Based Programs

Attachment B

Agency	No. of Beds	Age Range	Male/ Female	Type of Residential Programming (Supervision)			Type of Mental Health Treatment Programming					Additional Programming		
				None	Minimal	24 Hour	Intense Day Tx	Habilit. Day Tx	Outpat. MH	Case Mgt.	TBS	Employ.	Educ.	Other
B.R.I.D.G.E.S., Inc. Jeanine Holvknecht (818) 362-7811	18	18-24	Both			X			referral	X		referral		Full daily activity and group mtg. Program.
Didi Hirsch C.M.H.C. Marian Williams (310) 390-6612 x 352	20	18+	Both			X				X		X		40 substance abuse residential beds - women only, can bring child ages 18+
The H.E.L.P. Group Martha Garcia (818) 779-5166	6	18-22	Both			X		X		X	pending	D.R. voc. ed. Contract	X	
Hilview M.H.C. Eva McGraven (818) 896-1161 x 211	12+	18-21	Both			X		X	X	X	X	X	X	
Optimist Youth Homes Jane Bolen (323) 341-5523	12	17-19	Male			X		X						
Penny Lane Ingrid Hines (818) 892-3423 x 227	34	18-24	Both & mother's w/ children		X				X	X	X	X	X	Vocational assessment & ILP program.
Portals Gretchen Kraner (213) 381-8283	4	18-22	Both		X					X		X	X	
San Fernando Valley C.M.H.C.														
Frank Smith (818) 901-4854	22+	18-21	Both		X	X		X	X	X	X	X	X	Peer counselor training prog., clubhouse, and volunteer.
The Sycamores Stan Rushing (626) 395-7100	8	18-21	Both		X				X	X		X	X	
Vista Del Mar Child & Fam. Michelle Porter (310) 836-1223 x 411	4	18-22	Both		X				X	X		X	X	